

**Application**  
**811 Project-Based Rental Assistance Program**



Development Name:	
Development Address:	
Owner:	
Management Agent:	
Applicant Contact:	
Applicant Email:	

**1. Please indicate the existing financing resources for the property:**

	Check if yes		Check if yes
<b>Tax Credits</b>	<input type="checkbox"/>	<b>NSP</b>	<input type="checkbox"/>
<b>HOME</b>	<input type="checkbox"/>	<b>Bonds</b>	<input type="checkbox"/>
<b>CDBG</b>	<input type="checkbox"/>	<b>CHDP</b>	<input type="checkbox"/>
<b>HOF</b>	<input type="checkbox"/>		<input type="checkbox"/>
<b>USDA</b>	<input type="checkbox"/>	<b>Other (list):</b>	<input type="checkbox"/>

**2. Complete the table to determine the number of requested 811 eligible units for the property:**

A. Total number of units at the property (minimum is 5)	
B. Number of units currently restricted to elderly or people with disabilities	
C. Number of units with existing rental assistance	
D. Estimated maximum number of 811 Program units allowed at this property (25% of all units minus any units restricted for disabled); <b>D=(Ax25%)-B</b>	
E. Number of 811 Program units requested	

**3. Integration of Units**

811 Program units cannot be segregated on one floor or in one area of a building. Please describe how the 811 Program units will be integrated throughout the property.

**4. Accessibility**

Please describe the accessibility features of the property.

**5. Location**

Describe the location of community resources (transportation, healthcare, recreation, retail, employment, etc.)

**6. Monthly Gross Rents for Proposed 811 Program Units**

Unit Size	Current Gross Rent	Fair Market Rent	Existing Rent Restrictions
0-BDM			
1-BDM			
2-BDM			

**7. Turnover**

Describe how you estimate turnover for filling the 811 Program units?

**8. Environmental Site Assessment**

Has the property had a Phase One Environmental Site Assessment (ESA) review conducted in the last five years?

Yes  No

Date of Review \_\_\_\_\_

Comments (include any known issues):

**9. Experience**

Does the owner or management agent have:

- Experience administering Project-Based Section 8 Rental Assistance Yes  No
- Ability to submit tenant data via Tenant Rental Assistance Certification System (TRACS) Yes  No
- Ability to access and use Enterprise Income Verification (EIV) system to verify income Yes  No

The owner confirms the following:

- The property has no use restrictions under Sections 202, 811, or any other program that restricts occupancy to people who are elderly or disabled.
- The property is in good condition and meets UPCS standards.

The owner understands the following program requirements:

- Participation in the 811 Program requires a 30-year use restriction at this property.
- A 20-year Rental Assistance Contract (RAC) is required for 811 Program units at this property.
- HUD’s Model Lease is required for 811 Program units.
- Owner will contact SDHDA to list available 811 Program units.

This application is submitted by the undersigned with the full knowledge and consent of the governing body and is accurate in all details, to the undersigned’s beset knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name, Title